

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 00 OCT 19 AM 11:01

DOCUMENT # **P94000001970**

1. Corporation Name

**DALE E. MILLER, M.D., P.A.**

Principal Place of Business

875 STENTHAUS AVE  
 ORMOND BEACH FL 32174  
 US

Mailing Address

10 TIDEWATER DRIVE  
 ORMOND BEACH FL 32174



**REINSTATEMENT 00**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

**53 Spring Meadows Drive**  
**Ormond Beach, FL**  
**32174 USA**

4. Date Incorporated or Qualified To Do Business in Florida

**01/01/1994**

5. FEI Number

**59-3215124**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	MILLER, DALE E MD	10 TIDEWATER DRIVE	ORMOND BEACH FL 32174

**200003446852--8**  
**-11/01/00--01045--015**  
**\*\*\*\*750.00 \*\*\*\*750.00**  
*[Signature]*

8. Name and Address of Current Registered Agent

**MILLER, DALE E MD**  
**10 TIDEWATER DRIVE**  
**ORMOND BEACH FL 32174**

9. Name and Address of New Registered Agent

Name **Miller, Dale E MD**  
 Street Address (P.O. Box Number is Not Acceptable)  
**53 Spring Meadows Drive**  
 Suite, Apt. #, Etc.  
 City **Ormond Beach** State **FL** Zip Code **32174**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

*[Signature]*  
**REGISTERED AGENT MUST SIGN**

Date **10/16/00**

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*[Signature]* **DALE E. MILLER MD** **10/16/00** **676-9059**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/00)